



Women's Sexual Health after Transplant

Celebrating a Second Chance at Life
Survivorship Symposium

April 30 - May 6, 2022



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Women's Sexual Health After Transplant

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Celebrating a Second Chance at Life Survivorship Symposium May 2, 2022

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Learning Objectives

- The incidence and type of sexual difficulties in women following hematopoietic cell transplant
- The impact of these on quality of life
- Techniques and therapies available for improving quality of sexual experiences
- The cause of pain during sex after transplant and possible treatment strategies

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Nearly HALF of people
after HSCT experience
sexual dysfunction

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Li et al., Sexual Health in HSCT Recipients. Cancer 2015;121:4124-31.

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For women, sexual
dysfunction doesn't
get better over time

Unless treated!

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Li et al., Sexual Health in HSCT Recipients. Cancer 2015;121:4124-31.

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Sexual Health and Transplant

- Most common sexual health concerns:
 - Low sexual desire
 - Sexual pain
 - Reduction in quality and quantity of sex
 - Poor body image
 - Infertility

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Li et al., Sexual Health in HSCT Recipients. Cancer 2015;121:4124-31.

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Sexual Health and Transplant

- You're at greater risk for these if:
 - You are/have been on chemo
 - Total body irradiation
 - Variety of medications
 - Psychosocial distress

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Li et al., Sexual Health in HSCT Recipients. Cancer 2015;121:4124-31.

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Sexual Health and Transplant

- These cause a vicious cycle:
 - Your sexual function declines
 - So you feel bad
 - Because you feel bad
 - Your sexual function declines more
 - Then your partner feels bad
 - Relationship discord reduces QOL

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What do I do?

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Transplant does NOT
take away your
sexuality

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There is treatment for sexual health side effects after transplant

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Sexual Health and Transplant

- Most common sexual side effects:
 - Low sexual desire, sexual pain
- How to treat them
- How to navigate your sexual relationship

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Low sexual desire

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Two types of sexual desire



Spontaneous

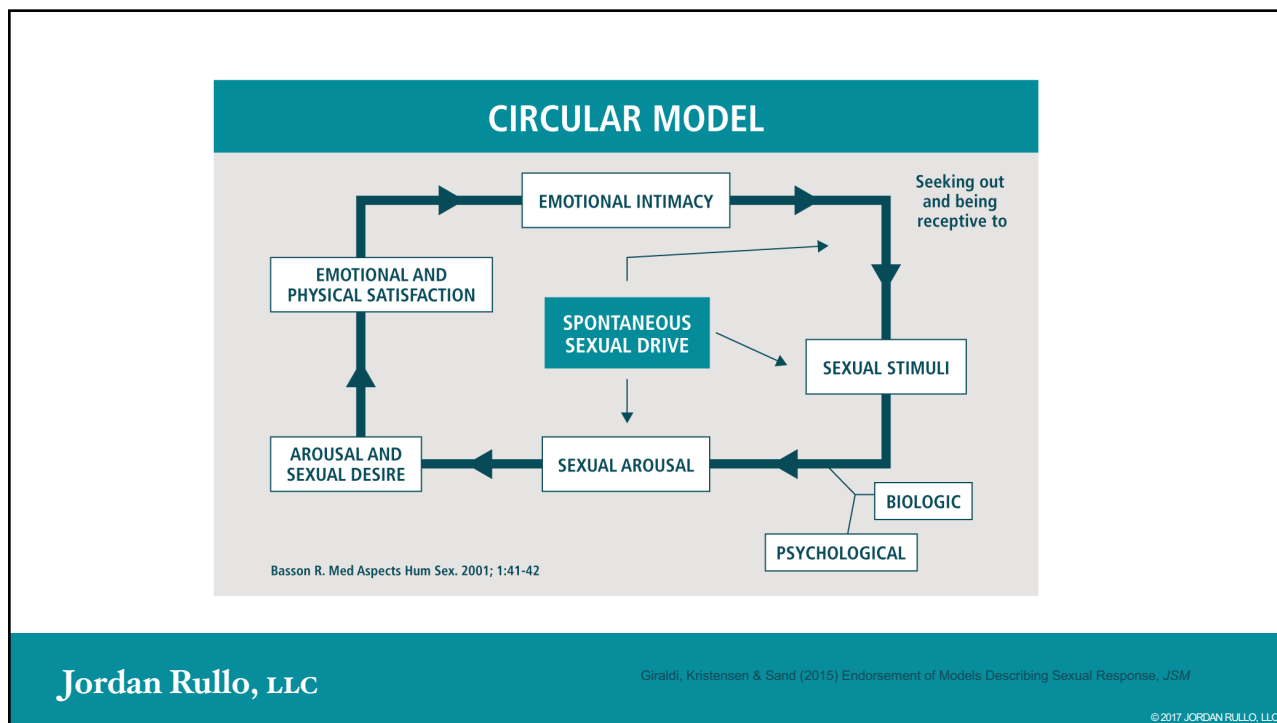


Receptive

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Faubion SS & Rullo JE. Sexual dysfunction in women. Am Fam Physician 2015; 94(4): 281-8.

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Dual Control Model



- Body Image
- Fatigue
- Chemotherapy
- Depression, anxiety, stress



- Partner smell
- Partner appearance
- Novelty
- Emotional connection

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Janssen & Bancroft, 2006, The Psychophysiology of Sex

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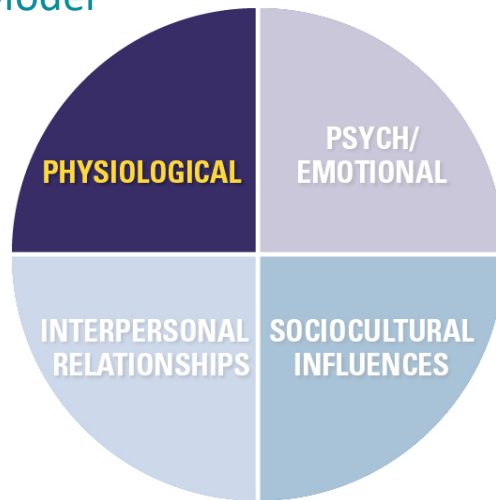
Biopsychosocial Model



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Biopsychosocial Model

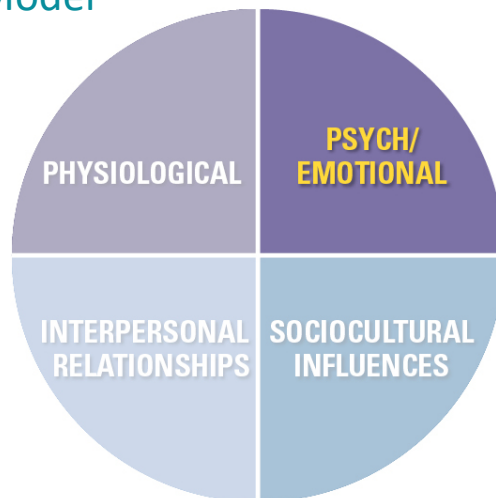


- TBI
- Chemo
- Genitourinary syndrome of menopause
- Aging
- Hormones
- Fatigue

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Biopsychosocial Model

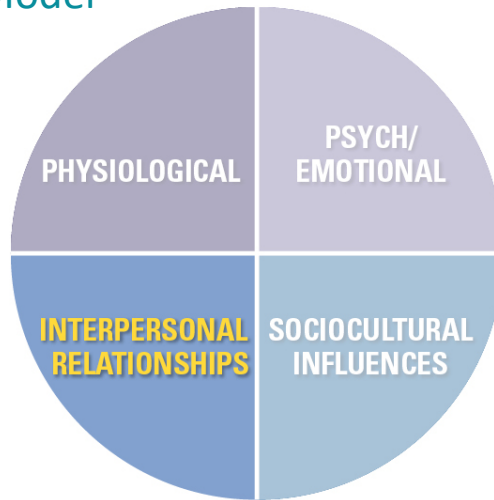


- Anxiety
- Depression
- Poor body image
- Hx of sexual abuse/trauma
- Distraction
- Substance abuse

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Biopsychosocial Model



- Discord
- No emotional intimacy
- Partner dysfunction
- Inadequate stimulation
- Lack of privacy

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Biopsychosocial Model



- Limited sex education
- Conflict with religious, personal, or family values
- Societal taboos

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Daily Brakes

Biological	Psychological	Relationship	Life Stuff
			

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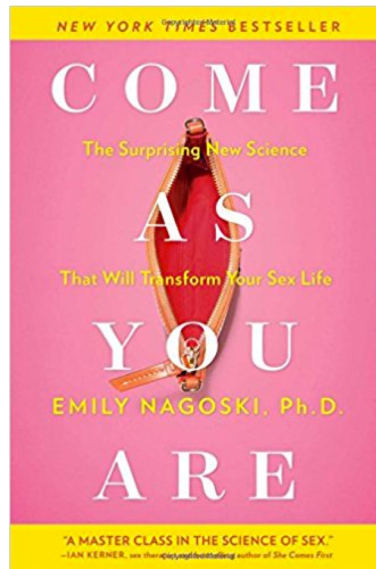


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Must Read



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Low Sexual Desire – Take Home

- Two types of desire:
 - Spontaneous
 - Willingness
- With hormonal changes, willingness may become the predominant desire
- Maximize willingness:
 - Figure out the ingredients

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Sexual Pain

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Sexual Pain and Transplant

1. Genital Graft Versus Host Disease (GVHD)
2. Treatment induced menopause
 - Genitourinary Syndrome of Menopause (GSM)

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Genital Graft Versus Host Disease (GVHD)

- 29% - 49% of women have genital GVHD
- If you have non-genital GVHD, likely to have genital GVHD
- Most women develop genital GVHD by 7 mos
 - But 25% develop up to 9 years post transplant!

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Li et al., Sexual Health in HSCT Recipients. Cancer 2015;121:4124-31.
Zantomio, D. Bone Marrow Transplantation, 2006
Spinelli S. Haematologica. 2003

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Genital GVHD

- Asymptomatic if not sexually active
- Vaginal dryness
- Sexual pain
- Discharge
- Decreased elasticity
- Adhesions and scarring
- Vaginal stenosis

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Zantomio, D. Bone Marrow Transplantation, 2006

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Treatment Induced Menopause

- Caused by surgery/chemotherapy/TBI
- Induced menopause versus natural:
 - Sudden onset
 - More severe symptoms
 - May not entirely respond to hormone treatment

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Estrogen and Sexual Function

- Maintain physiological function of genitals
- Critical in preserving:
 - Vaginal sensation
 - Lubrication
 - Preventing sexual pain
 - Promoting sexual arousal
- Without estrogen, GSM

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If you are having painful sex. . .

- Step 1:
 - STOP!!
 - Connection between pain and sex
 - Avoidant dynamic
- Step 2:
 - Over the counter options

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Step 2: Over the counter options

- Moisturizers
- Lubricants
 - Water-based
 - Silicone



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Herbenick, Reese, Sanders, Dodge, Ghassemi, & Fortenberry, 2009

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If you are having painful sex. . .

- Step 1:
 - STOP!!
 - Connection between pain and sex
 - Avoidant dynamic
- Step 2:
 - Over the counter options
 - Non-penetrative sexual menu

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Step 2: New sexual menu

- Consider non-penetrative sex
 - Sexual menu
 - Mojouupgrade.com

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If you are having painful sex. . .

- Step 1:
 - STOP!!
 - Connection between pain and sex
 - Avoidant dynamic
- Step 2:
 - Over the counter options
 - Non-penetrative sexual menu
- Step 3:
 - Prescription options

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Treatment of Genital GVHD

- Topical corticosteroid
- Prophylactic dilator use 2x/week to avoid stenosis/adhesions
- Routine gynecological exam

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Treatment of Genitourinary Syndrome of Menopause

- Vaginal estrogen
 - Increases pelvic blood flow
 - Increases lubrication, elasticity
 - Increases genital tactile sensation



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Management of Symptomatic Vulvovaginal Atrophy: 2013 Position Statement of the North American Menopause Society. Menopause. 2013.
Simon JA. One-year long-term safety extension study of Ospemifene. Menopause 2012

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Sexual Pain—Take Home

- Two main causes:
 - Genital GVHD
 - Treatment Induced Menopause (GSM)
- Step 1: STOP having painful sex!
- Step 2: Over the counter/behavioral options
 - Moisturizers/lubricants
 - Non-penetrative sexual menu
- Step 3: Prescription options

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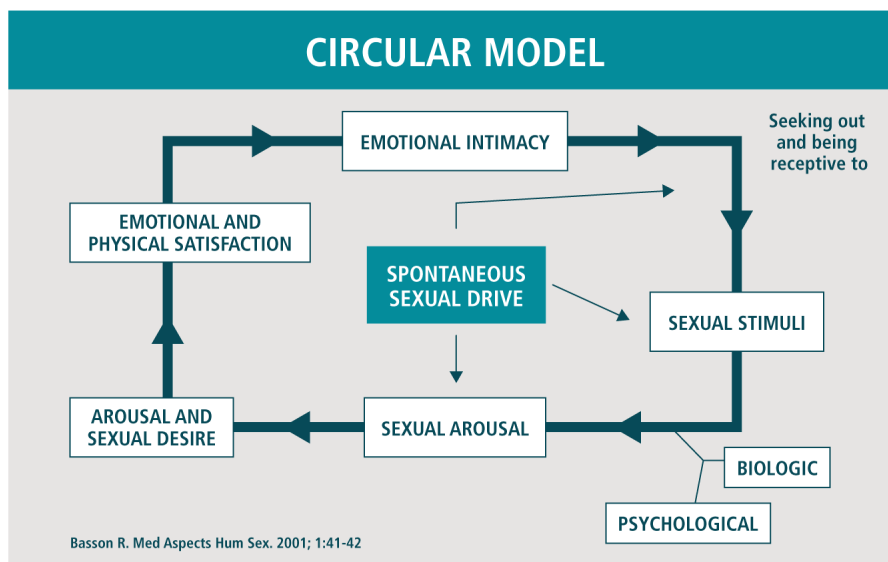
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Sexual Relationship

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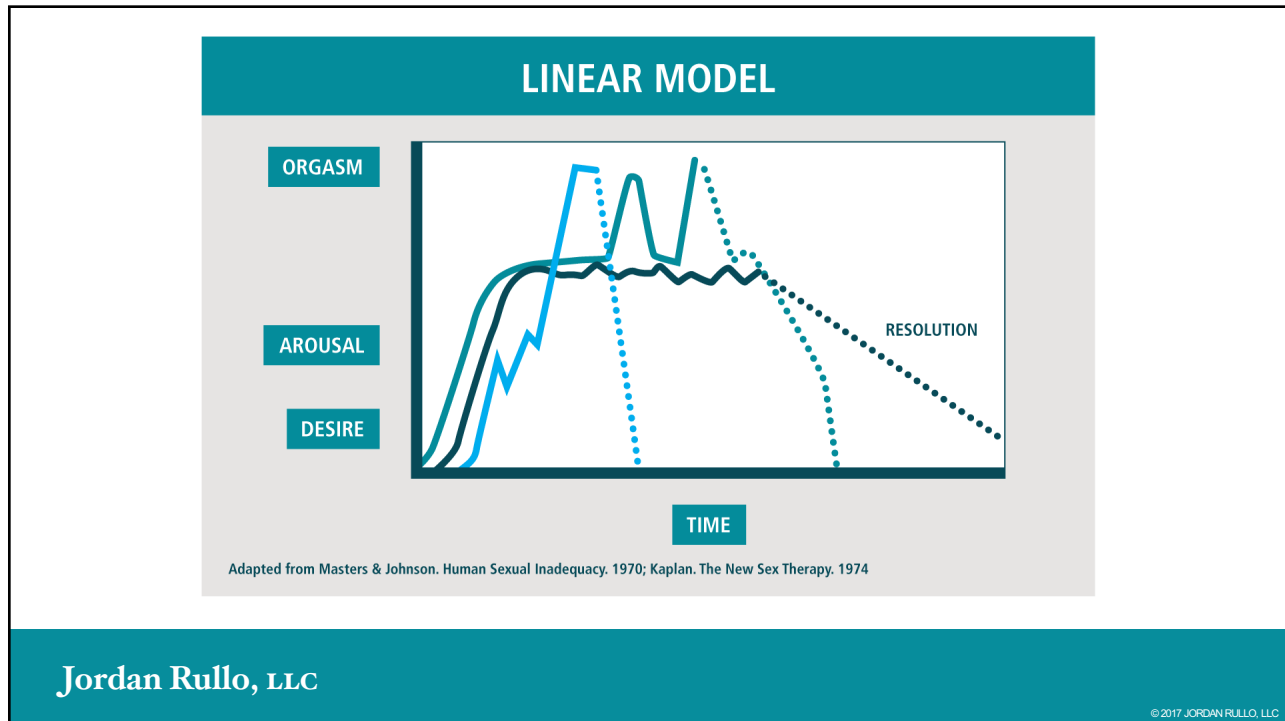
CIRCULAR MODEL



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Giraldi, Kristensen & Sand (2015) Endorsement of Models Describing Sexual Response. JSM

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Sexual Response Cycle Differences

- Your sexual response cycle may differ
- Your partner may not understand willingness desire
- Talk with your partner about the ingredients you need to have in place in order to be willing
 - Emotional intimacy is a key ingredient
- Your cycle kickstarts with arousal, partners with spontaneous desire

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What if we are in an avoidant dynamic?

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How to avoid an avoidant dynamic

- Sensate Focus Exercises

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Basics of Sensate Focus

- In private space
- 20-30 minutes of full body touch with a partner
- Nude to whatever extent feels comfortable
- No sexual activity allowed
- Every 48-72 hours
- Phases that build upon each other

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Weiner & Avery-Clark, 2014

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Basics of Sensate Focus Phase 1

- No touching of breast, chest, or genitals
- No sex
- Non-verbal
- Full-body touching
- Take turns, when done say “switch”
- Using hands and fingers only

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Focus on Sensations

- Temperature
- Pressure
- Texture
 - Vivid: capture immediate attention
 - Reliable: always available for focus

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Sexual Relationship - Take Home

- You and your partner's sexual response differs
- Your sexual response may need sexual arousal as a kickstart
- Emotional intimacy is a necessary ingredient
- Avoidant dynamic?
 - Sensate Focus

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Overall Take Home Message

- HSCT does not take away your sexuality!
- Maximize willingness with right ingredients
 - And sharing these with your partner
- Painful sex? STOP
 - Try moisturizers, lubricants, non-penetrative menu
 - Talk to your doctor for GVHD and GSM
- Avoidant dynamic?
 - Sensate Focus (jordanrullo.com/blog)

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THANK YOU!

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Sex Therapy Referrals

- American Association of Sex Educators, Counselors, and Therapists (AASECT)
- Society for Sex Therapy and Research (SSTAR)
- International Society of the Study of Women's Health (ISSWSH)

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BMTinfonet.org
BLOOD & MARROW TRANSPLANT INFORMATION NETWORK
SURVIVORSHIP SYMPOSIUM

Questions?



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